

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155716</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/09/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN HOME HEALTH CENTER AND RESIDENTIAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>601 N BOEKE RD EVANSVILLE, IN 47711</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code and Environmental Preoccupancy Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a) for the reclassification of 4 storage rooms back to resident sleeping rooms including rooms 432, 585, 664, and 672.</p> <p>Survey Date: 09/09/14</p> <p>Facility Number: 000439 Provider Number: 155716 AIM Number: 100275070</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Good Samaritan Home Health Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2, Chapter 19, Existing Health Care Occupancies, and with 410 IAC 16.2-3.1.19, Environmental and Physical Standards of Indiana's Health Facilities Rules for Comprehensive care facilities in regard to the Life Safety Code and Environmental Preoccupancy Survey for the reclassification of 4 storage rooms back to resident sleeping rooms including rooms 432, 585, 664, and 672.</p> <p>This one story facility with two separate basements was determined to be of Type II (222) construction for the original portion of the facility</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>Continued From page 1</p> <p>and Type V (111) construction for the remainder of the facility, including the Pathways 1, Pathways 2, and Pavilion. The facility was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, both basements, and all resident sleeping rooms. The facility has a capacity of 212 and had a census of 179 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached wood sheds used for facility storage and one plastic shed used for bio hazard waste.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 09/11/14.</p>	K 000			